Form (RF-3)

-d, (b)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| Change in Company's premium or rate level produced by rate revision effective | | 2/15/2011 |
|--|---|--|
| (1) | (2) Annual Premium | (3) Percent Change (+ or -)** |
| <u>Coverage</u> | Volume (Illinois)* | Change (+ OI -) |
| Automobile Liability Private | | |
| Passenger Commercial | 0 | |
| 2. Automobile Physical Damage | | |
| Private Passenger Commercial _ | 0 | |
| Liability Other Than Auto | | |
| 4. Burglary and Theft _ | 0 | |
| 5. Glass | 0 | |
| 6. Fidelity | 0 | |
| 7. Surety | 0 | |
| 8. Boiler and Machinery | 0 | · |
| 9. Fire _ | 0 | |
| 10. Extended Coverage _ | 0 0 | |
| 11. Inland Marine | 0 | |
| 12. Homeowners 13. Commercial Multi-Peril | 217,400 | -5.2% |
| 14. Crop Hail | 0 | -5.270 |
| 15. Other Medical Malpractice | 404,004 | -0.3% |
| Line of Insurance | 70 1100 1 | |
| Brief description of filing. (If filing follow Continental Casualty Company ("CNA") p | ws rates of an advisory organization, sproposes a number of rate/rule changes to the new dentist discount | pecify organization): With this filing, its Dental Professional Program. The |
| absence, and increased/decreased limit factors. These changes are itemized by coverage in the enclosed actuarial | | |
| memorandum. | | |
| | | |
| | | |
| *Adjusted to reflect all prior rate changes. **Change in Company's premium level wh | ich will result from application of new rates | |
| | Continue | atal Casualty Campany |
| | Continental Casualty Company Name of Company | |
| | Jean | K. Fleischner - VP |
| | | Official - Title |
| | | |

RECEIVED

JAN 26 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

= filing#10-00113 Serff#CNAC-126990757